## PATENT APPLICATIO: ¿E DETERMINATION RECORD Effective December 8, 2004

pplication or Docket Number

10/517757

| CLAIMS AS FILED - PART I                                     |  |   |  |   |  |                                   |           | SMALL ENTITY        |                        |           | OTHER               | THAN                                      |
|--|--|---|--|---|--|-----------------------------------|-----------|---------------------|------------------------|-----------|---------------------|---|
|  |  |   | (Column 1)                                     |   | (Column 2)                             |                                   | _         | TYPE                |                        | OR        | SMALL               | ENTITY                                    |
| U.S. NATIONAL STAGE FEES                                     |  |   |  |   |  |                                   | ]         | RATE                | FEE                    | 7         | RATE                | FEE                                       |
| BASIC FEE  |  |   | SMALL ENT                                      | . = \$ 150                                  | LARGE ENT: = \$ 300                    |                                   | BASIC FEE |                     | OR                     | BASIC FEE | 28                  |   |
| EXAMINATION FEE  |  |   | Satisfies PCT A                                |   | All other situations = \$ 100 / \$ 200 |                                   |           | EXAM. FEE           | -                      | 1         | EXAM. FEE           | 6   |
| SEARCH FEE   |  |   | U.S. is ISA = 3<br>ALL other co<br>\$ 200 / \$ | untries =                                   |  | ther situations = \$ 250 / \$ 500 |           | SEARCH FEE          |                        | 1         | SEARCH FEE          | 4/1                                       |
| FEE FOR EXTRA SPEC. PGS.                                     |  |   | minus 100 =                                    |   |  | <b>/</b> 50 =                     |           | X \$ 125 =          |                        | 1         | X \$ 250 =          | 700                                       |
| TOTAL CHARGEABLE CLAIMS                                      |  |   | minus 20 = .                                   |   |  |                                   | X \$ 25 = |                     | OR                     | X \$ 50 = |                     |   |
| INDEPENDENT CLAIMS   |  |   | / "  | ninus 3 =                                   | *                                      |                                   |           | X \$ 100 =          |                        | OR        | X \$ 200 =          |   |
| MU   | TIPLE DEPEN                                    | DENT CLAIM PR                                   | ESENT  |   |  |                                   | 1         | + \$ 180 =          |                        | OR        | + \$ 360 =          |   |
| • If   | the difference                                 | -   | TOTAL  |   | OR                                     | TOTAL                             | 90        |                     |                        |           |                     |   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |  |   |  |                                   | _         | SMALL E             | ENTITY                 | OR        | OTHER<br>SMALL I    |   |
| AMENDMENT A  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGH<br>NUMI<br>PREVIO<br>PAID              | BER<br>DUSLY                           | PRESENT<br>EXTRA                  |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE                    |
|  | Total  | •   | Minus  | 44  |  | =                                 |           | X \$ 25 =           |                        | OR        | X \$ 50 =           |   |
|  | Independent                                    | *   | Minus  | ***   |  | =                                 |           | X \$ 100 =          |                        | OR        | X \$ 200 =          |   |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |  |                                   |           | + \$ 180 =          |                        | OR        | + \$ 360 =          |   |
|  |  |   |  |   |  |                                   |           | TOTAL ADDIT.<br>FEE |                        | OR        | TOTAL ADDIT.<br>FEE |   |
|  |  | (Ostris A)                                      |  | <b>6</b> 0.4                                | •                                      |                                   |           |                     | -                      |           |                     | 4   |
| Š  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | *  | (Colum<br>HIGHE<br>NUME<br>PREVIO<br>PAID F | EST<br>BER<br>USLY                     | (Column 3)  PRESENT EXTRA         |           | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE                    |
|  | Total  | *   | Minus  | **  |  | =                                 |           | X \$ 25 =           |                        | OR        | X \$ 50 =           |   |
|  | Independent                                    | *   | Minus  | ***   |  | =                                 |           | X \$ 100 =          |                        | OR        | X \$ 200 =          |   |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |  |                                   |           | + \$ 180 =          | •                      | OR        | + \$ 360 =          | 7. S. |
|  |  |   |  |   |  |                                   |           |                     |                        | OR        | TOTAL ADDIT.        |   |
|  |  |   |  |   |  |                                   |           | FEE (               |                        |           | ·                   | A Contract of the                         |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.